

An Essay on  
Symptomatology

Respectfully submitted to the Faculty  
of the

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# Symptomatology

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The term Symptom has been defined to be "any change, perceptible to the senses in any organ or function, which is connected with morbid influence". It is by the aggregate and succession of symptoms that a disease is detected. "Symptoms" at one time, were generally used in the same sense as signs; but with many, perhaps most, of the present day, the former signifies a functional or vital phenomenon of disease, whilst the latter is applied to that which is more directly physical: - and hence the expressions functional or vital phenomena or symptoms, in contradistinction to the physical signs afforded by auscultation, percussion &c." Various divisions of symptoms have been laid down by different pathologists. The principal of these I shall notice en passant. One division is into primary or direct, and those that are indirect, consecutive or sympathetic. The first have their

origin in the part or organ affected, the latter are declared  
 through parts remote from the organ affected or through the  
 medium of the constitution at large. The primary or  
 direct symptoms belong to the sensations of the part  
 affected, these sensations may, in general, be referred  
 to the head of pain, in its various degrees and modifications;  
 and in regard to the symptoms from this source, the  
 Physician must rely entirely on the honesty and veracity  
 of the patient. The amount and quality of the pain  
 should be taken into consideration, in order to arrive at  
 a correct diagnosis. To ascertain these points something  
 more than mere oral interrogation is necessary, recourse  
 must be had to certain manipulations, such as  
 handling and pressing the part affected. The next  
 class of direct symptoms may be referred to the  
functions of the part affected. These symptoms are,  
 generally speaking more valuable from the greater  
 certainty of the information they convey. They are  
 of more practical value than those derived from

the sensation of the part, because we can test them  
 by our own senses and observation, and are not here  
 left to depend on the intelligence and veracity of  
 the patient. We should, in order to derive all the  
 possible benefit from the direct symptoms, referable  
 to the morbidly changed functions of an organ, be  
 intimately acquainted with the healthy functions of  
 that organ, that is, we must be prepared to extract  
 all the advantages to be derived with respect to  
 diagnosis by a perfect acquaintance with Physiology.  
 It must be observed, however, that there are organs from  
 which we can obtain no aid or information by direct  
 symptoms, referable to their functions, those organs,  
 namely, of whose function little or nothing is known  
 as the spleen, the pancreas, &c. The lungs, of all  
 other organs give the most satisfactory information  
 by derangement of function, The cough, dyspnoea,  
 expectoration, &c, at once point out the seat of the disease.  
 A knowledge of auscultation and percussion

becomes necessary, for the purpose of well appreciating these direct symptoms. Without this knowledge we would have but a vague idea of the morbid state of the lungs. An acquaintance with auscultation and percussion, aided by our reasoning powers and our previously acquired acquaintance with thoracic pathology will lead us to a knowledge of the precise portion and structure of the lung which is the seat of the disease. In regard to the sympathetic symptoms, we may observe, that the several organs are so closely united in bonds of mutual connection that it is scarcely possible for one of them to be affected without a consequent modification of some other. Few, even of the slightest impressions are confined to the organs in which they originate. There exists, however, a more peculiar influence which is exerted between remote organs, and by which the one is thrown into action, in consequence of particular

impulses impressed upon the other. This influence  
 has received the name of Sympathy. Thus  
 we find First—the sympathy between  
 organs connected in function usually  
 exerts an influence over each other, as  
 when one eye is inflamed the other is  
 seldom entirely sound. Secondly. we  
 find sympathy existing between the  
 different component tissues of the same  
 organ, as when inflammation of the  
 pleura, excites a sympathetic irritation  
 of the mucous membrane of the  
 lungs. Thirdly. The sympathy  
 between remote tissues of a similar  
 structure. The mucous membrane  
 of the alimentary canal is morbidly  
 affected by disease of the mucous  
 membrane of the kidneys. hence vomiting  
 becomes a symptom of the passage of a stone

through the ureters. Lastly, the sympathy occurring between organs having no known connection of structure or function, thus we find disease of the liver will cause pain in the right shoulder, and gouty irritation of the stomach pain in the great toe. Besides these sympathies of tissue there is more general and pervading spirit between the several viscera by means of which each influences the other, and has as it were a voice in the government of the whole machine. The sympathetic affections of the stomach and intestinal canal are very remarkable. Derangement in the functions of the alimentary tube produces headache, turbulent dreams, palpitation and irregular action of the heart, &c. &c. On the other hand the stomach is itself influenced by the action of the other viscera. Thus concussion of the brain, or even a strong mental emotion is sufficient to produce vomiting, and diarrhoea is not an

infrequent attendant on grief. Another division  
 of symptoms is into essential and non essential  
 or accidental. By essential symptoms we  
 understand those which belong constantly  
 to the disease, which in a manner establish its  
 character. Thus the essential symptom of  
 pleuritis is the acute pain in the side called  
 "stitch". There can be no doubt when these  
 exist. The accidental symptoms differ from  
 the essential in not being constant, as indeed  
 would appear from their name, and are the  
 result of some unusual event. They often  
 depend on some morbid complication. Still  
 they are worthy of the utmost attention, as it is  
 frequently by their presence that we can recognize  
 the danger or severity of the disease.

Common symptoms are those which may  
 be referred to a number of different diseases.  
 These are not of absolute importance.

It may also be observed, that symptoms stand in different relations to the diseases to which they belong, they may flow out of the disease so as to be, in thought at least, separable from it, or they may be involved in the disease, so as to be identical with it. Thus dyspnoea, cough, sputa, emaciation, hectic, &c. are symptoms of phthisis, and are distinguishable from the disease itself. They are signs of something beyond themselves. Viz. pulmonary tubercles. On the other hand the symptoms characterizing intermittent fever are those which constitute the disease itself, as the rigor, heat and perspiration. The objects for which symptoms are studied may be said to be. First, for the purpose of ascertaining the nature and seat of the disease under which the patient is laboring, or in other words to establish the diagnosis. Secondly, to enable the physician to foresee the probable course and termination of the

disease. i.e. to form the prognosis. and lastly to enable him to select the most appropriate plan of treatment. Before, however, the knowledge of the symptoms can be turned to this account it will be necessary to convert them into signs. By sign we understand any past or present circumstance afforded by the examination of a patient, or of matters concerning him, whence a conclusion may be drawn regarding the nature and seat of his disease." The symptom signifies a functional or vital phenomenon of disease. whilst Sign is applied to that which is more directly physical. The sign is a compound of several symptoms, and is the result of an intellectual operation obtained by the skill and reasoning of the physician. Signs are deduced from symptoms. Symptoms are obvious to all persons indiscriminately - to the nurse as well as to the physician. The symptom is but a simple phenomenon which the observer ascertains by means of his senses, without attaining or attempting any precise

induction from it with respect to the disease on which it depends. A knowledge of the symptoms is then within the reach of every observer, and is acquired by the mere exercise of the senses, but the perceptions of the senses would be altogether inadequate and almost useless for ascertaining the nature and seat of disease if the intellectual powers were not called into requisition. The mere application of the senses enables the practitioner to become acquainted with the symptoms, but, in order to acquire a knowledge of the signs, thought and close reasoning, assisted by an acquaintance with physiology and pathology must be directed towards these same symptoms. Symptoms become signs only when their real import is interpreted. The educated physician of the present day always strives to penetrate beyond the symptoms to a knowledge of the disease of which they are significant, and when

in the actual state of science he is unable to do this, he is forced of necessity to regard the combination of the symptoms as the disease. Thus, for example, the symptoms characterizing intermittent fever viz. rigors, heat, and perspiration, are, in fact, the disease itself. we cannot have an idea of intermittent fever without them. The insufficiency of the knowledge of mere symptoms for the detection of the nature and seat, and consequently as a guide to the treatment of disease, may be easily proved. Let us suppose, for example, a patient to complain of pain. before we attempt any treatment for its removal, we must first ascertain the seat of the pain. Suppose we have found it in the abdomen, in order to establish an accurate diagnosis, we must examine all the organs situate in this region, in order to ascertain whether the skin, cellular tissue, muscles, the peritoneum, or the viscera, be the seat of the pain.

Let us suppose we have discovered That the intestinal canal is its seat. as yet. we have only made an approximation to the nature of the disease. we have not. as yet. determined it with precision. We know that pain taken in the abstract is but a lesion of sensibility, which sometimes supervenes primarily on some disturbance of the nervous system. and is sometimes consecutive on inflammation. The mere history. the totality of the symptoms alone is often insufficient to present to us a correct image of the disease. We must. in tracing the chain of cause and effect. divide and classify those symptoms, and thus in arriving at a correct diagnosis, we may be assisted in the selection of our remedy. and in the course of treatment we should pursue. We must be influenced by the decision we form as to whether

The disease is more immediately connected with the vascular system - inflammatory action - or purely with the nervous system - Spasmodic action. In the one case, Aconite, Belladonna or Bryonia, might be indicated, or in the other Kux Vomica, Ignatia, Coffea or Hyoscyamus.

Though, of course, these remedies would not be selected without reference to their pathogenetic power. And, again, certain remedies have a tendency to act on particular organs and tissues. Thus Belladonna exerts its influence on the glandular system, Bryonia on the serous membranes, and Arnica and Rhus on the muscular fibre. We must then in order to derive the full benefit from the symptoms, refer them to some organ or tissue and ascertain the nature of the affection of which such organ may be the seat. We may instance another case.

Let us suppose a patient presents himself with Ascites. Now this, in very many instances at least, is nothing but a mere symptom, and if we confine our attention exclusively to it, without referring it to some particular organ, we know nothing of the nature and seat of the disease. We know that the effusion is not the disease, for if it were, the patient would recover by removing the effusion by paracentesis abdominis. whereas, it is too well known that, in the great majority of cases, the disease returns after tapping. Thus, then, we must have recourse to our knowledge of general pathology, which tells us that ascites may depend on various kinds of lesions, being referrible for its cause to diseases of the heart or liver, to diseases of the peritoneum, to a depraved state of the blood, and, according to the

researches of Doct Bright, Christison, and  
 others. to disease of the kidney. Here we  
 must examine into the state of the  
 organs with the greatest attention, in  
 order to discover to which of them it is we  
 must refer the symptoms in question.  
 Thus, then, there are symptoms which  
 are signs and tokens of the disease, that  
 exist separately and distinctly from it,  
 and there are symptoms which, though  
 they may be <sup>spoken of</sup> as signs are yet all we  
 know of the disease, so that the symptom is  
 the disease and the disease is the symptom.